

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | TD | | 7-21-00 |
| O.I.P.E. CLASSIFIER | | 48 | 7/26/00 |
| FORMALITY REVIEW | ll | 823 | 8/30 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

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If more than 150 claims or 10 actions
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